REQUEST TO THE GADSDEN COUNTY CLERK OF COURT TO RELEASE REDACTED INFORMATION ON RECORDED DOCUMENTS FOR PURPOSES OF CONDUCTING A <u>TITLE SEARCH</u>

The requestor is:

 Title Insurer Title Insurance Agent Title Insurance Agency 	Requestor's Florida Company Code or License Number:
	Requestor attests that requestor is authorized to transact business in Florida.
Attorney	Requestor's Florida Bar Number:
	Requestor attests that requestor has an agency agreement with a title insurer, directly or through his or her law firm.

Identify the Property that is the subject of the search: ______

Describe the lawful purpose for the search: ______

Document Title:

Official Records Book	Page	Instrument Number:

The requestor's photo ID must be presented or a copy provided with this request.

By signing below, I certify that I am authorized to access the referenced exempt information pursuant to Fla. Stat. § 28.2221(6)(a), for an authorized purpose of conducting a title search, as defined in § 627.7711(4), F.S., of the Official Records, as described in § 28.222(2), F.S., and I acknowledge that making a false attestation will subject me to the penalty of perjury under Fla. Stat. § 837.012, F.S. I hereby request that the Clerk release a copy of the unredacted referenced document to me.

Signature

Date

STATE OF FLORIDA COUNTY OF GADSDEN

Sworn to (or affirmed) and subscribed before me by means of 🗖 physical presence or 🗖 online					
notarization on (date)	, 20	by	, who is		
\Box personally known to me or \Box produced		as identification.			

NOTARY PUBLIC or DEPUTY CLERK

{Print, type, or stamp name of notary or deputy clerk}

The above affidavit will be mailed to each affected party and will be recorded in the Official Records of the County, along with a certificate of mailing, per Fla. Stat. § 28.2221, F.S. The requestor must pay the statutory service charge of ______ prior to the documents being released.